Attachment F: Worker's Compensation; State Contracts Compliance Requirement

RFP/PROJECT:				
DATE:				
WORKERS' COMPEN	ISATION; STATE CONTRACTS	CO	MPLIANCE REQUIREMENT	
SUBCONTRACTOR R	EPORTING FORM			
	ompleted in its entirety and ovided to the State as addition		omitted prior to the commencen Il subcontractors are hired.	nent of work and updated
•	-		accordance with Act 54, Section es bidders to comply with the fol	
subcontractors and I	by whom those subcontracto ecessary. This is not a require	rs a	ctors on the job along with lists of are insured for workers' compens ent for subcontractor's providing	sation purposes. Include
Subcontractor	Insured By		Subcontractor's Sub	Insured By
Date:				
Name of Company: _				
Contact Name:				
Address:				
Title:				
Phone Number:				
E-mail:				

Fax Number:	
Ву:	
Name:	

Failure to adhere to Act 54, Section 32 of the Acts of 2009 and submit Subcontractor Reporting: Workers' Compensation; State Contracts Compliance Requirement will constitute non-compliance and may result in cancellation of contract and/or forfeiture of future bidding privileges until resolved.

Send Completed Form To:

Office of Purchasing & Contracting
10 Baldwin Street
Montpelier, VT 05633-7501
Attention: Contract Administration